



HealthMapRxTM

**6C - ABI Health Care Summit,
HealthMapRx, John Miall**



to improve the health, while lowering
costs, for patients with diabetes



A Service of The APhA Foundation
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APHA FOUNDATION: WHO WE ARE

- The APhA Foundation is a non-profit organization affiliated with the American Pharmacists Association (APhA)
- The APhA is the national professional society of pharmacists in the United States established in 1852 with over 53,000 members
- The mission of the APhA Foundation is “To improve the quality of consumer health outcomes.”



The Origin: Asheville, NC



It's the System That Needs Care

- Over half of all healthcare via managed care
- Largest increase in 6 years in costs
- It's evolution not revolution
- Giving patients the resources to be well
- Buy VALUE
- Taiwanese healthcare system

Frequency/Severity Matrix

 Frequency	Severity 	
	Low Severity	High Severity
High Frequency	High Frequency Low Severity	High Frequency High Severity
Low Frequency	Low Frequency Low Severity	Low Frequency High Severity

UN-Managing Care

- “Kaiser physicians know what things need to be done for diabetic patients, but due to the constraints of modern medical practice they seldom have the time to do them....”

Managed Care News 1999 Apr.

- “Ultimately, all care is managed by patients.”

Dan Garrett, R.Ph., MS, Former Exec.
Dir. NCAP

Diabetes-Related Comorbidities

- 2–4 times greater risk of heart disease
- 60–65% have hypertension
- 2–4 times greater risk of stroke
- 60–70% have some degree of nervous system damage
- Leading cause of adult blindness
- Leading cause of ESRD (40% new cases)
- >50% lower limb amputations

Diabetes-Related Indirect Costs

- 8.3 sick-leave days annually
- 1.7 sick-leave days for employees without diabetes
- \$47 billion in productivity forgone due to disability, absence, and premature mortality

In the Beginning

- **Soliciting physicians to help design the model and support the process**
- **Soliciting and credentialing pharmacists to engage patients**
- **Developing HIPPA compliant tools for data collection, reporting, and publication**
- **Collaborating with employer(s) to facilitate implementation along with TPA's, PBM's, etc.**
- **Aligning patient education services through community health educators / CDE's**
- **Setting agreeable fee schedule for pharmacists providing services in the model.**

Align The Incentives / Improve The Outcomes

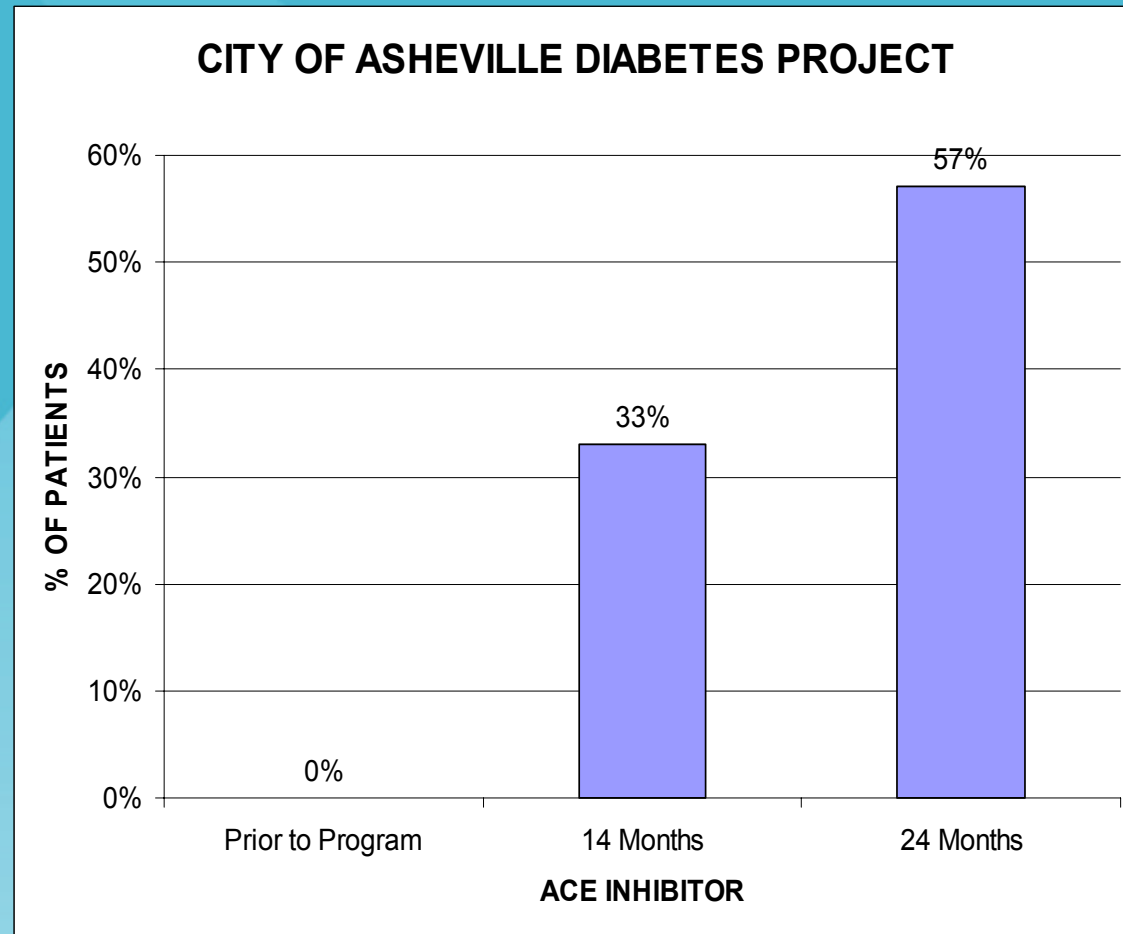
- Labs without co-pays
- Glucose meters
- Patient Education
- Pharmacist fees for counseling
- Disease Specific Rx co-pay waivers

How They Do It

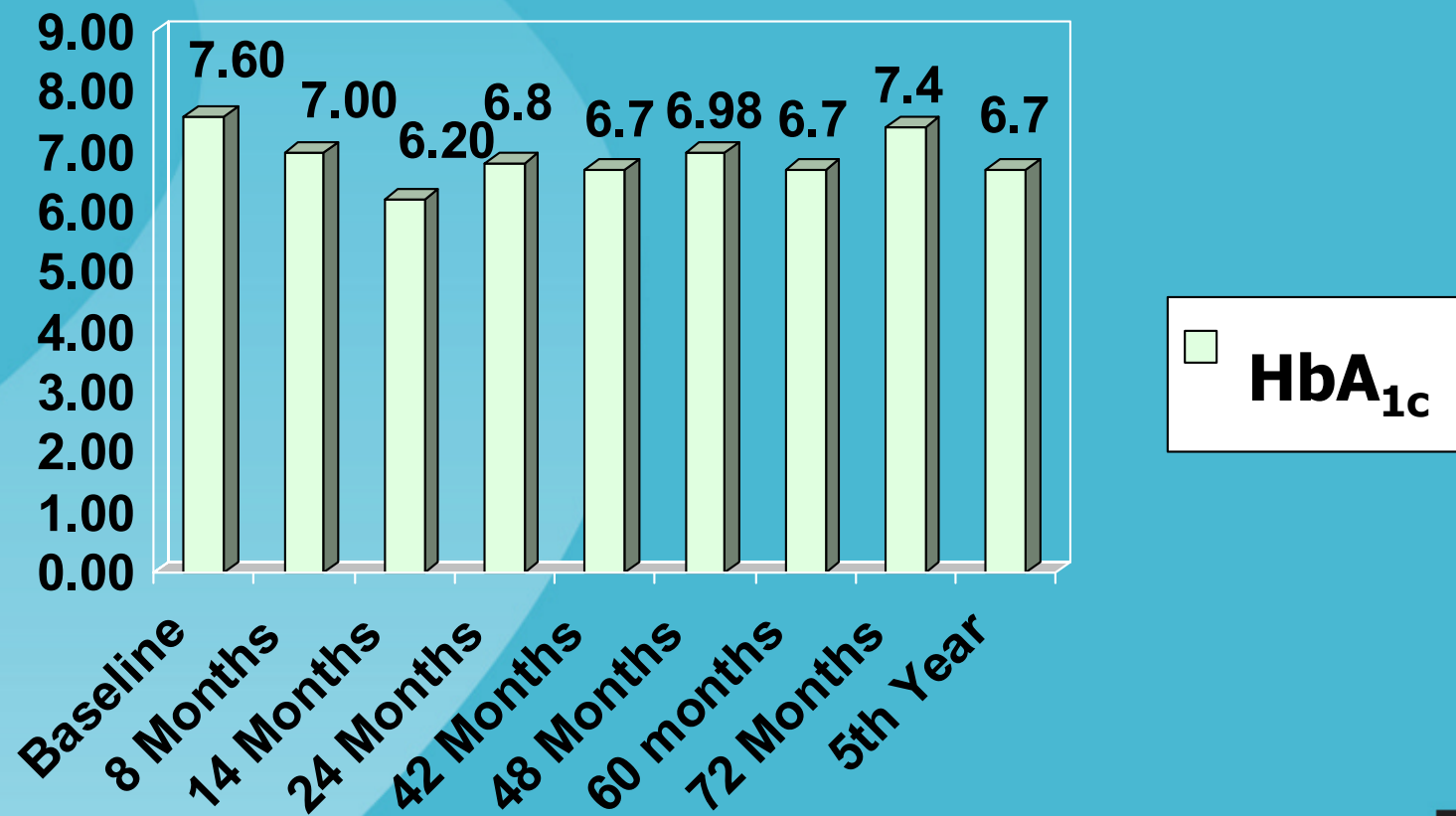


“Patient making better food choice. Blood glucose much improved. 2 x 1.5c cm wound RLE. Referred to physician for evaluation and therapy.”

APPROPRIATE MEDICATION



Clinical Outcomes: Avg. Glycosylated Hemoglobin

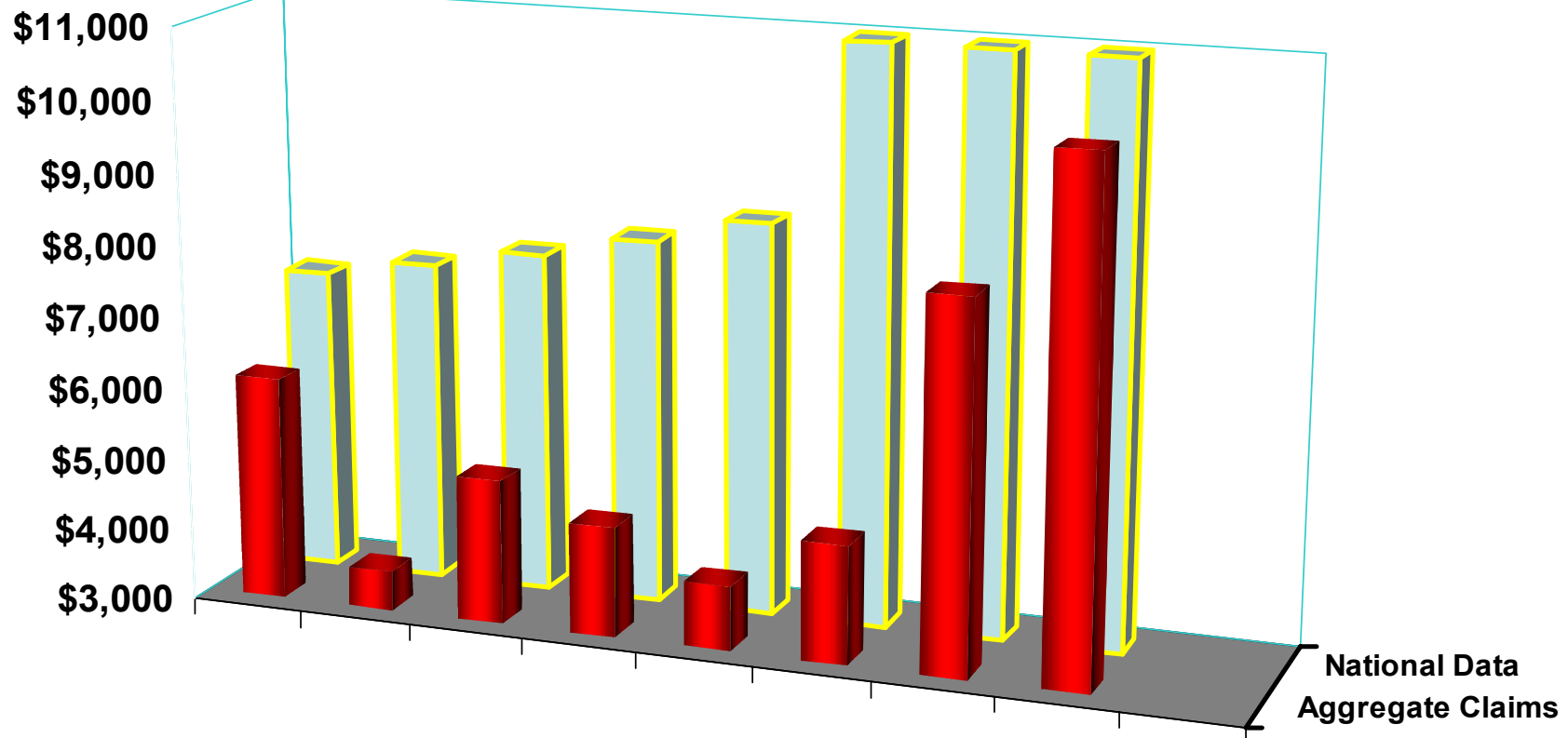


City of Asheville Total Diabetes Medical Costs



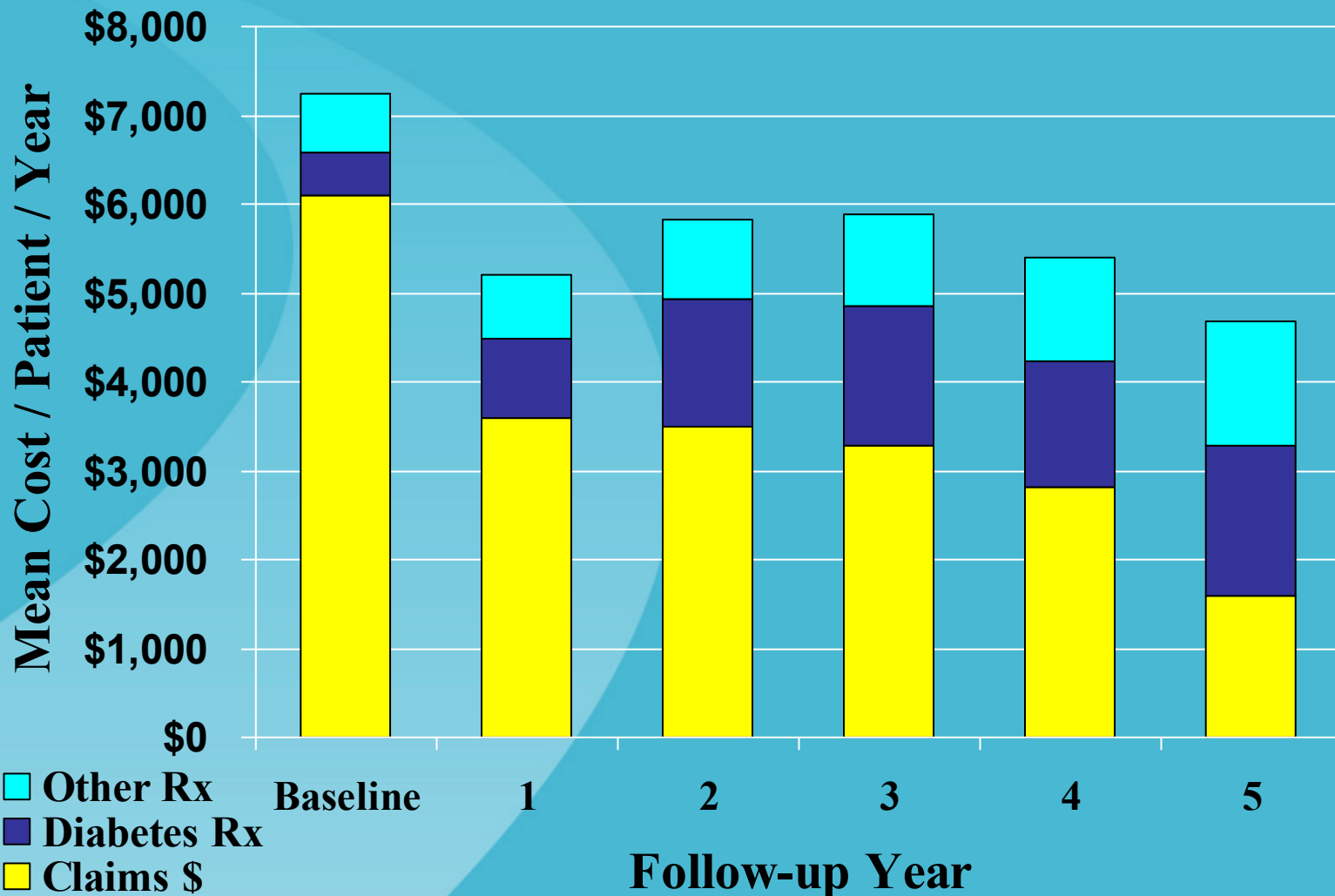
58% savings based on actual 2001 costs vs. expected 2001 costs (1996 costs + annual CPI medical care inflation figures)

City of Asheville Total Average Diabetes Patient Medical Costs (PPPY)



	Baseline 1996	1997	1998	1999	2000	2001	2002	2003	2004
Aggregate Claims	6127	3554	5021	4535	3902	4651	8135	10132	
National Data	7239	7485	7762	8088	8465	13242	13900	14500	

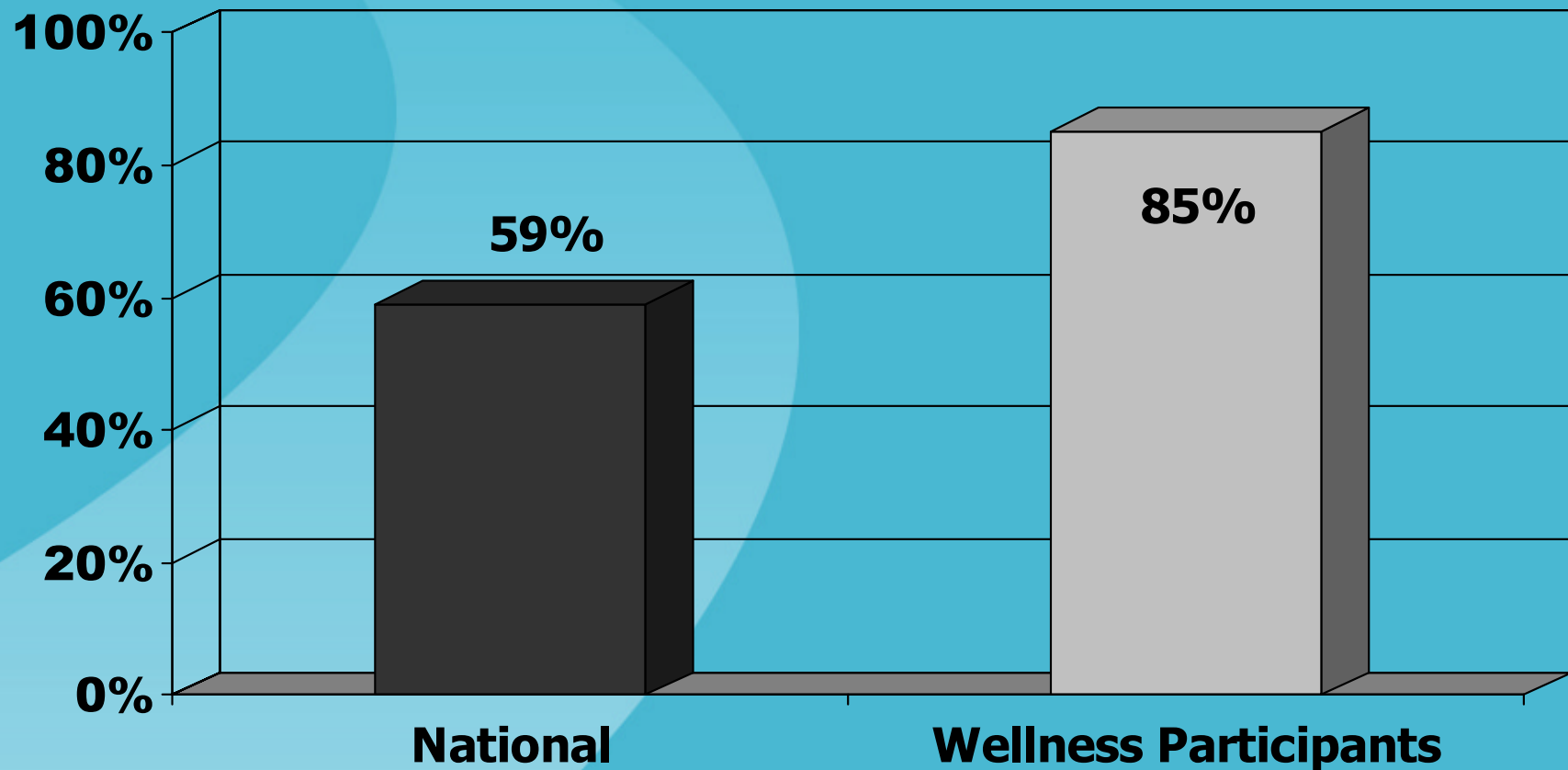
Direct Medical Costs Over Time*



*Cranor CW, Bunting BA, Christensen DB. The Asheville Project: Long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc.* 2003;43:173-84.

Mission Employees with Diabetes

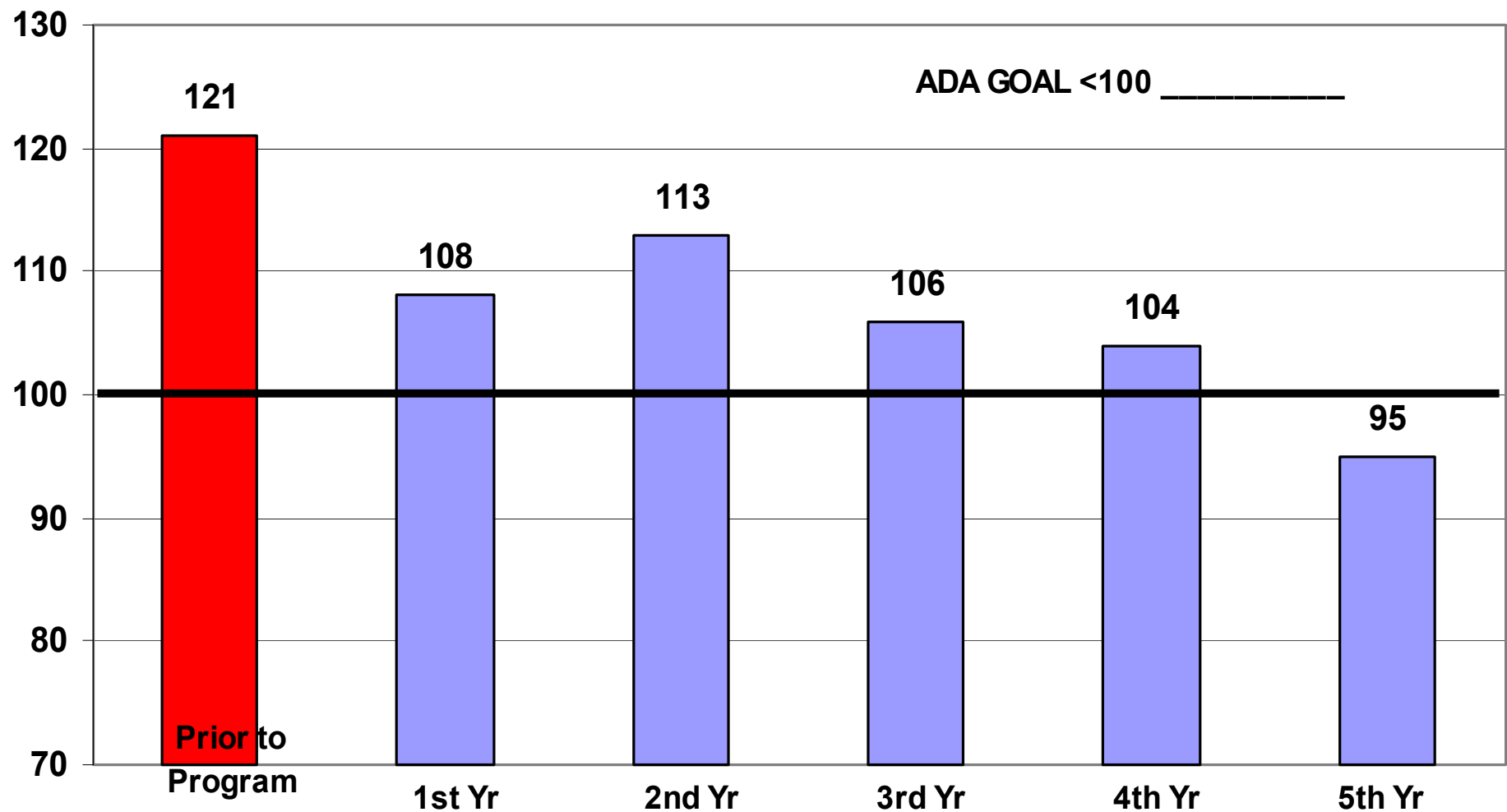
On cholesterol &/or blood pressure medication



LDL CHOLESTEROL

(Asheville Diabetes Patients)

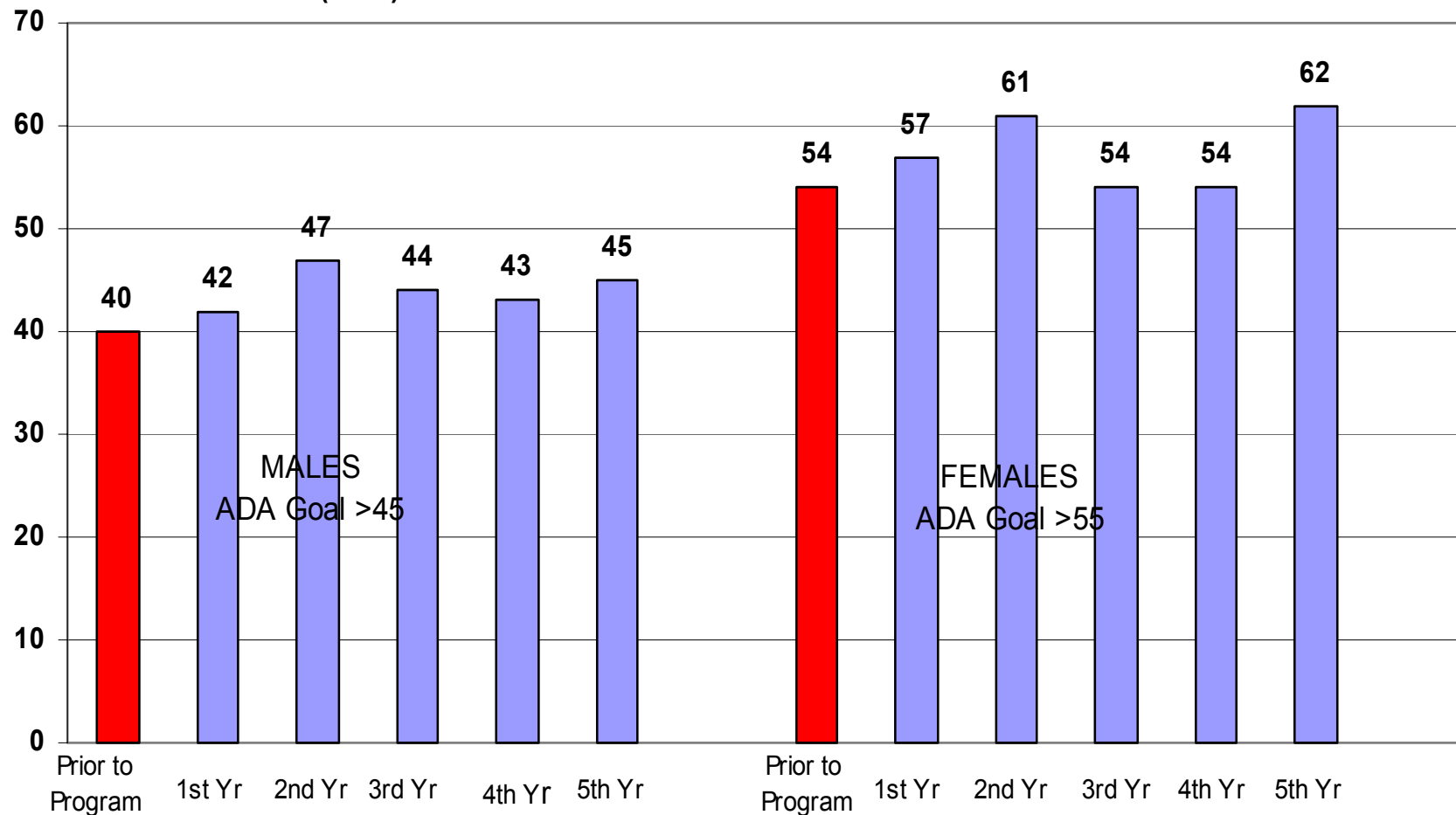
LDL (AVG) PRIOR TO DIABETES PROGRAM & EACH OF 5 YEARS OF PROGRAM



HDL CHOLESTEROL

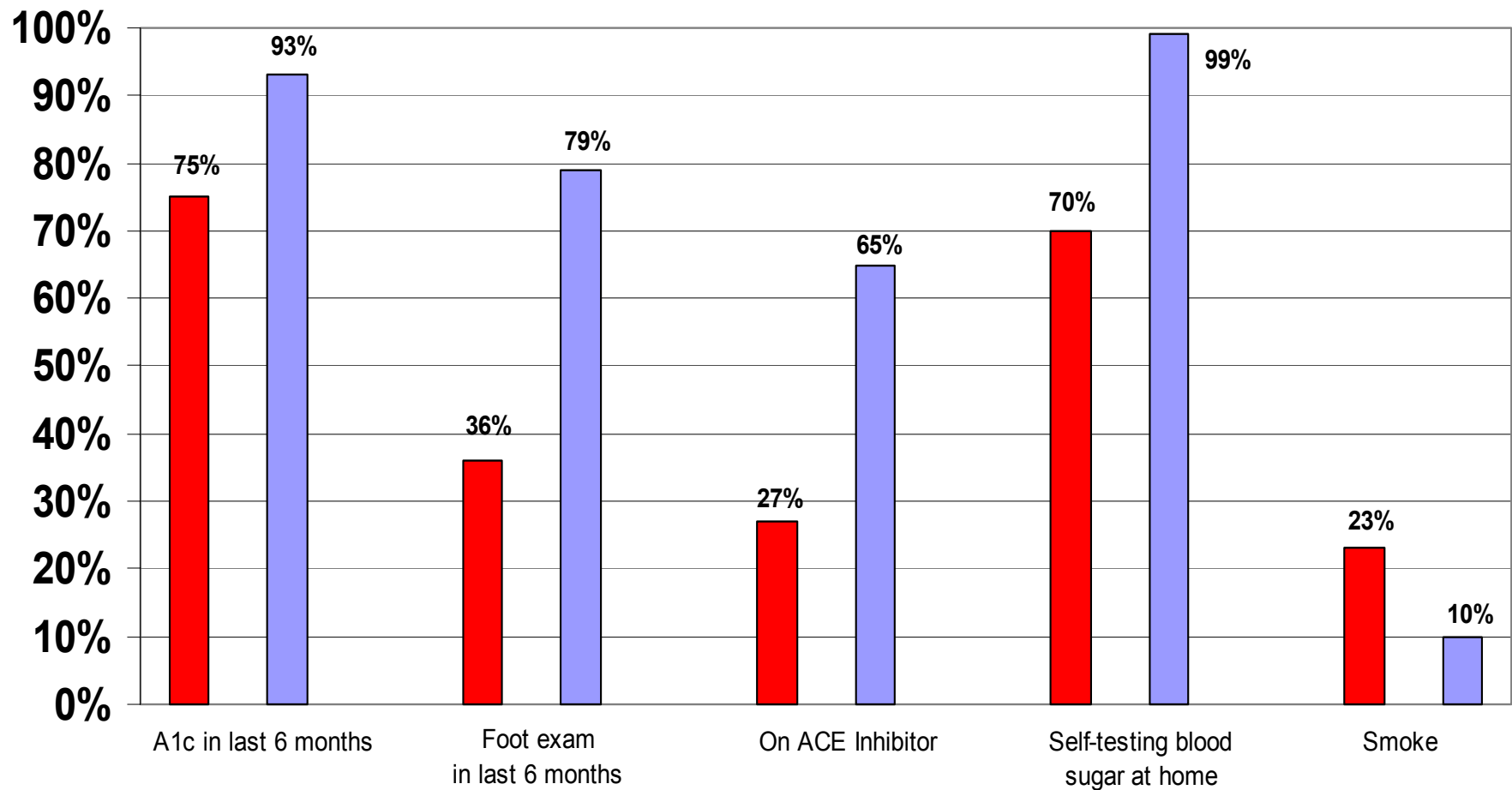
(Asheville Diabetes Patients)

HDL (AVG) PRIOR TO DIABETES PROGRAM & EACH OF 5 YEARS OF PROGRAM

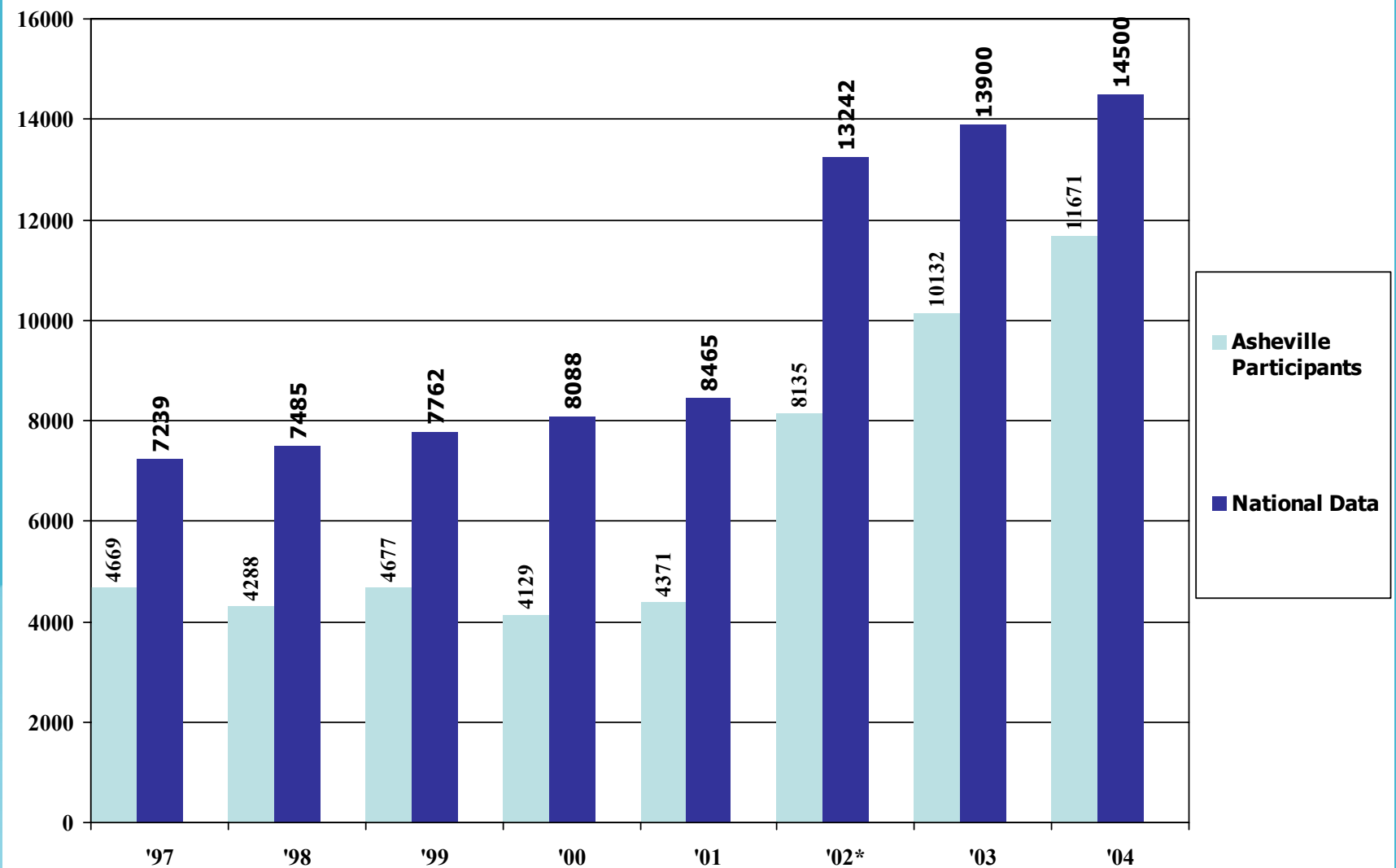


Outcomes: Patient Goals (Asheville Diabetes Patients)

PATIENT RESPONSE TO QUESTIONS ABOUT THEIR DIABETES/BEHAVIOR BEFORE
AND AFTER PARTICIPATION IN PROGRAM

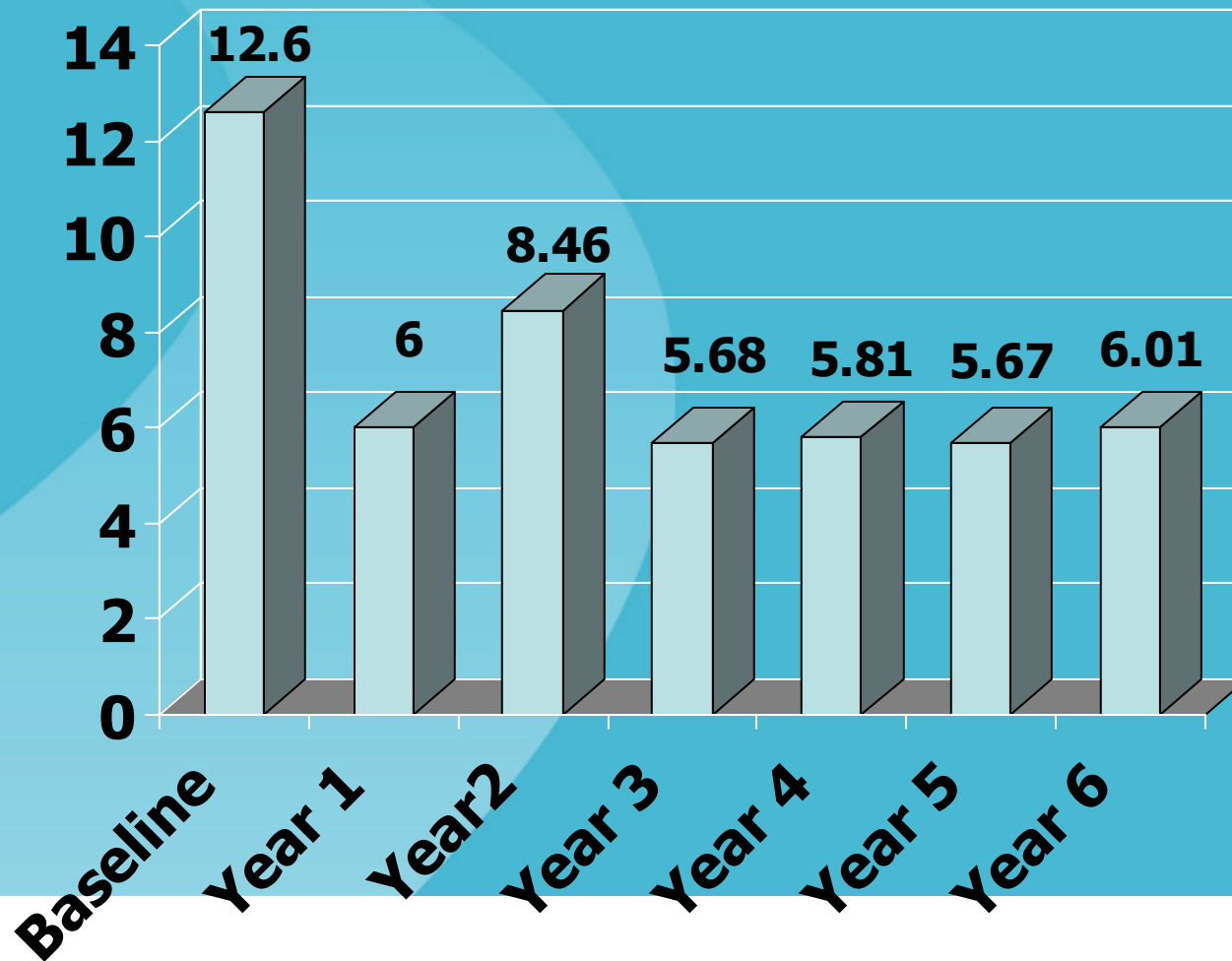


Current Data on Asheville

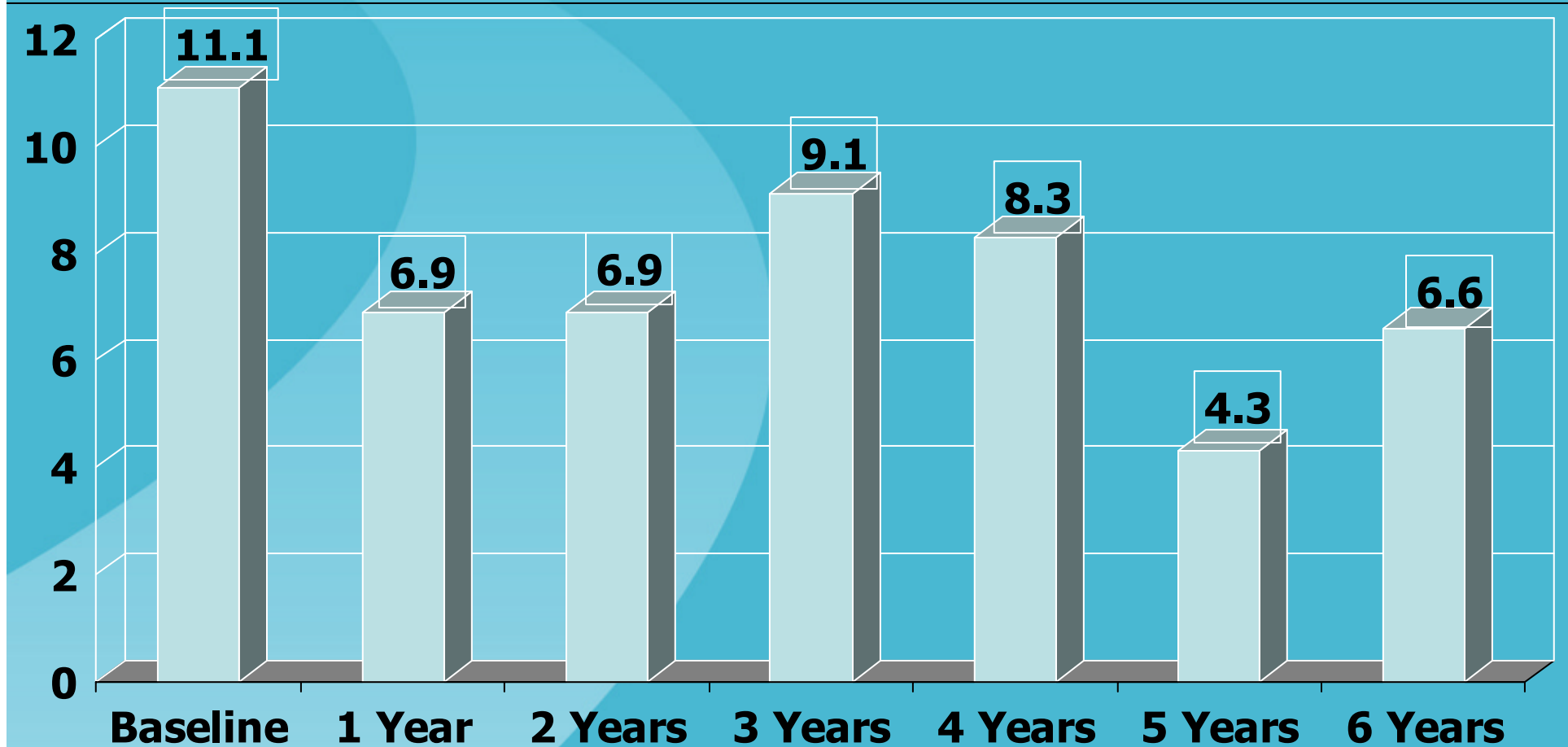


***2002 Saw 42% Increase In Patient Participants**

Average Annual Diabetic Sick-Leave Usage (City Of Asheville)



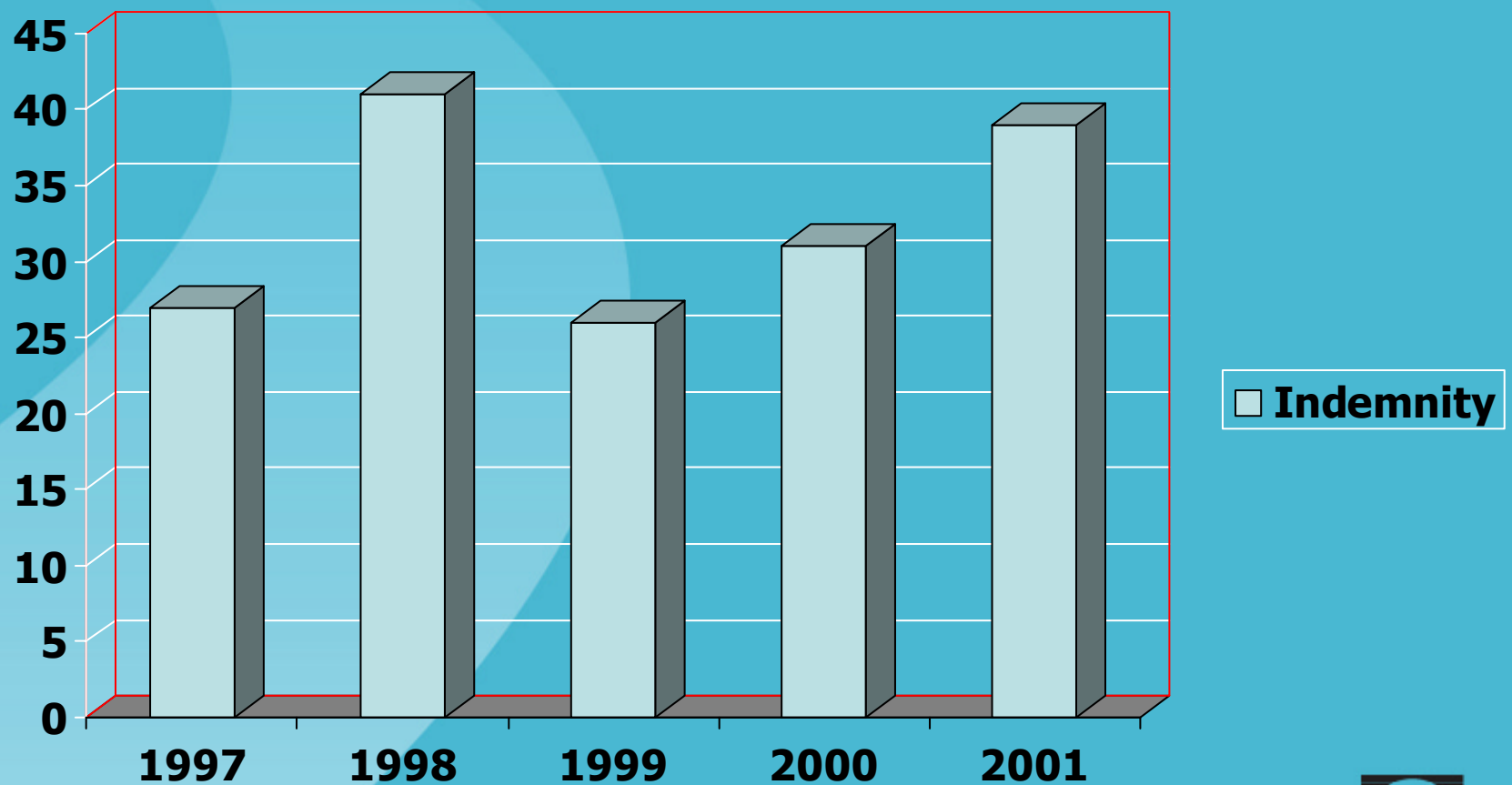
Sick Leave Usage By Time In Program (City Of Asheville)



DIABETES IN WORK FORCE (City Of Asheville)

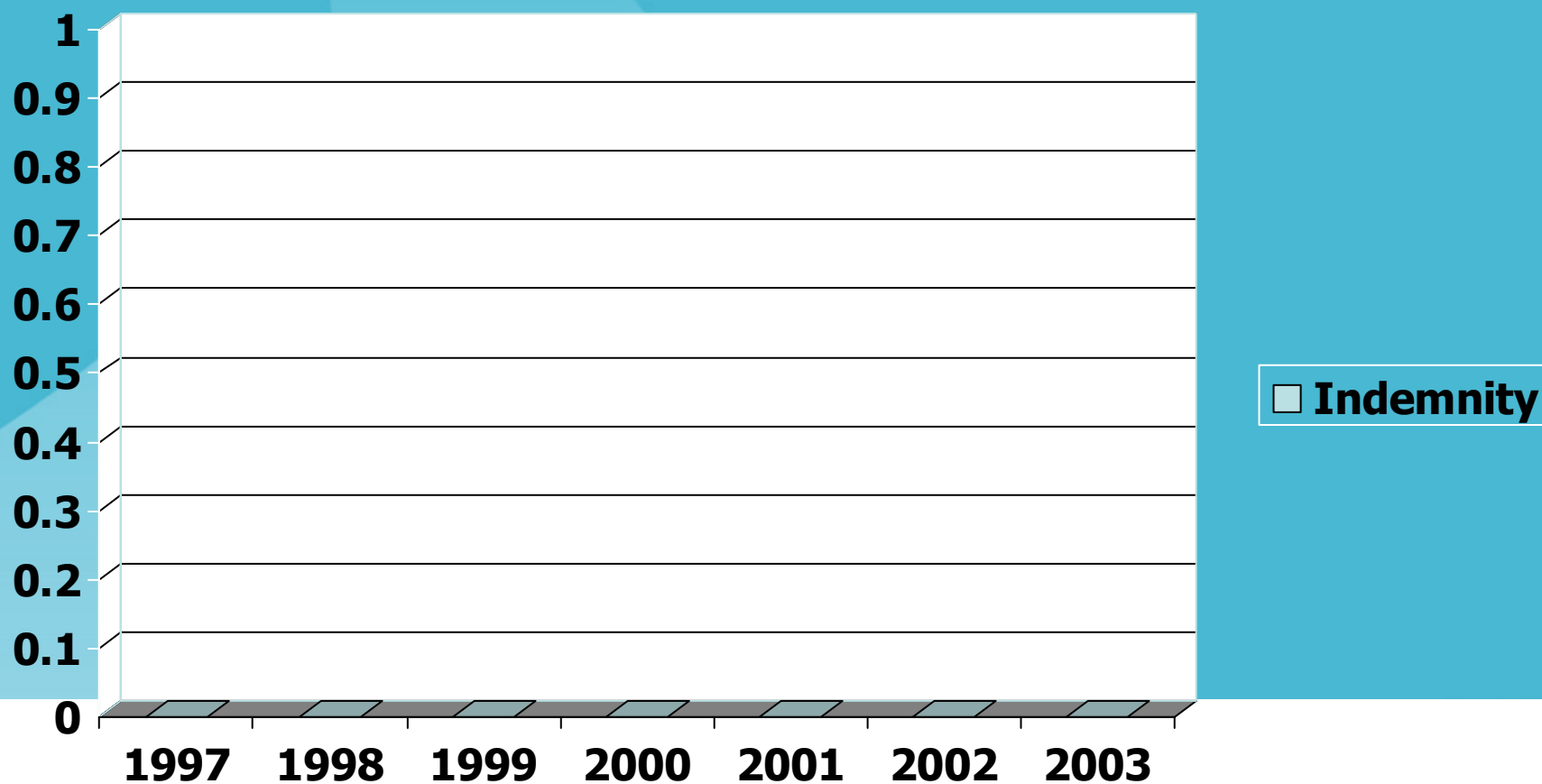
- **Average of 1000 employees over 5 years**
- **60 to 100 diabetics expected**
- **32 = average annual percentage of workers with lost time injuries for 5 years**
- **1.97 to 3.2 = expected number of lost time injured workers in average year with diabetes**

CITY INDEMNITY INJURIES BY YEAR (City Of Asheville)



DIABETES MANAGEMENT INDEMNITY CASES

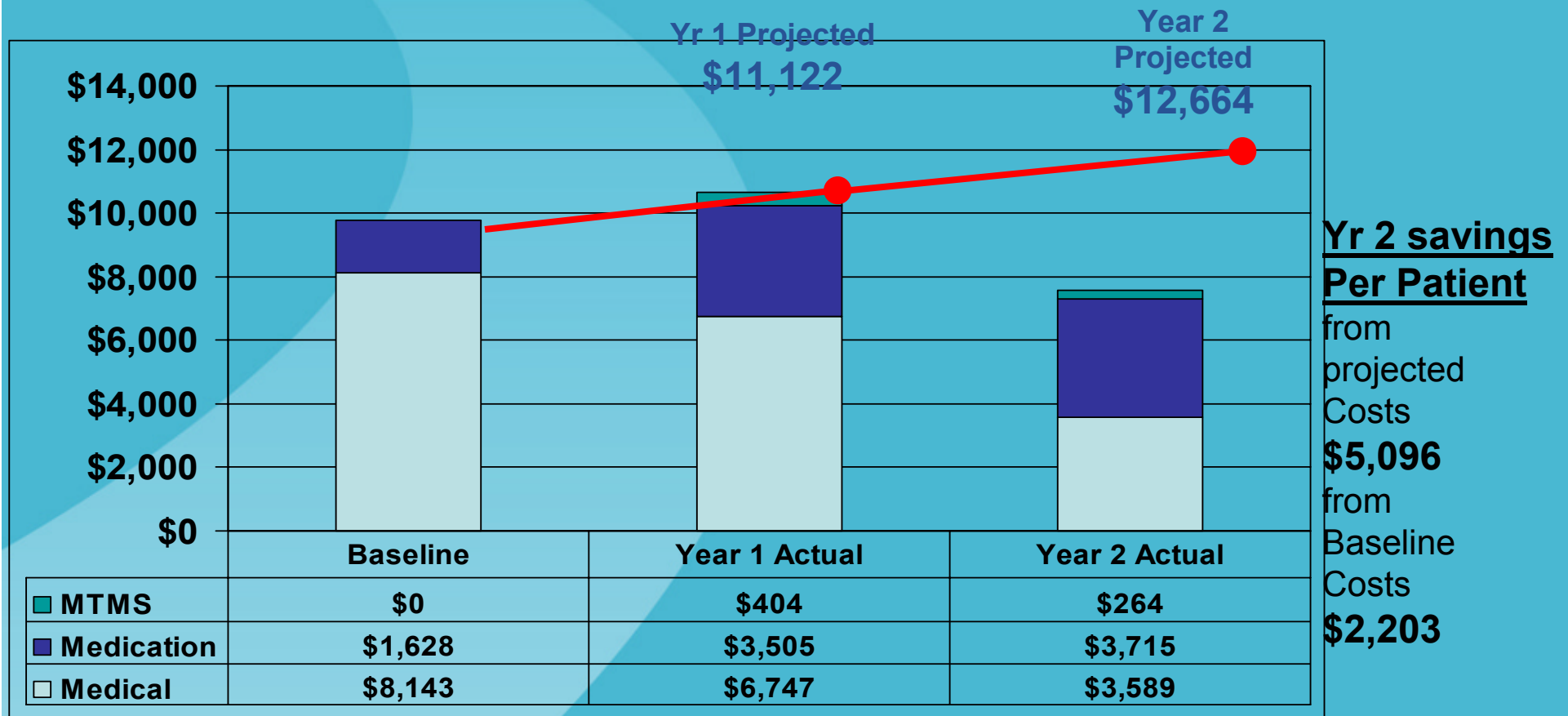
(City Of Asheville)



Total Employer Spend

(Mohawk Carpets, Dublin, GA.)

Baseline, Year 1 & Year 2 compared to **Projected Costs**



Total costs **\$9,771**

\$10,656

\$7,568

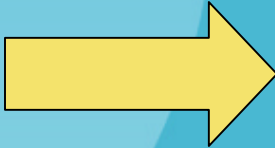


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Patient Self-Management Programsm

Pilot in Diabetes

- Baseline A1c = 7.9
 - Visit 1 Percentages
 - Influenza Vaccination
 - 40% current
 - Foot Exam
 - 28% current
 - Eye Exam
 - 34% current
 - Blood Pressure
 - 73% current
 - Lipid Profile
 - 49% current
- 
- A1c @ 10 months = 7.1
 - Visit 6 Percentages
 - Influenza Vaccination
 - 75% current
 - Foot Exam
 - 80% current
 - Eye Exam
 - 80% current
 - Blood Pressure
 - 92% current
 - Lipid Profile
 - 94% current

Clinical – HEDIS 2003 Indicators

...Averages through 25 Sept. 06

- NCQA Commercial Accredited Plans
 - A1c Testing = 88%
 - A1c Control (< 9) = 71%
 - Lipid Profile = 93%
 - Lipid Control (< 130) = 69%
 - Lipid Control (< 100) = 45%
 - Flu Shots = 36%
 - Eye Exams = 56%
- PSMP Pilot Sites – (Aggregate)
 - A1c Testing = 100%
 - A1c Control (< 9) = 95%
 - Lipid Profile = 100%
 - Lipid Control (< 130) = 83%
 - Lipid Control (< 100) = 52%
 - Flu Shots = 70%
 - Eye Exams = 81%

PSMP 3rd Year Results Compared to NCQA Commercial Accredited Plans*

Diabetes Care Indicator	Commercial Accredited Plans	PSMP
% current A1c	87%	100%
% A1c<9.0	69%	95%
% current lipid profile	91%	100%
LDL-C<130	68%	83%
LDL-C<100	51%	52%
Current Eye Exam	51%	81%

* For 2004 as reported in the NCQA State of Quality of Healthcare 2005

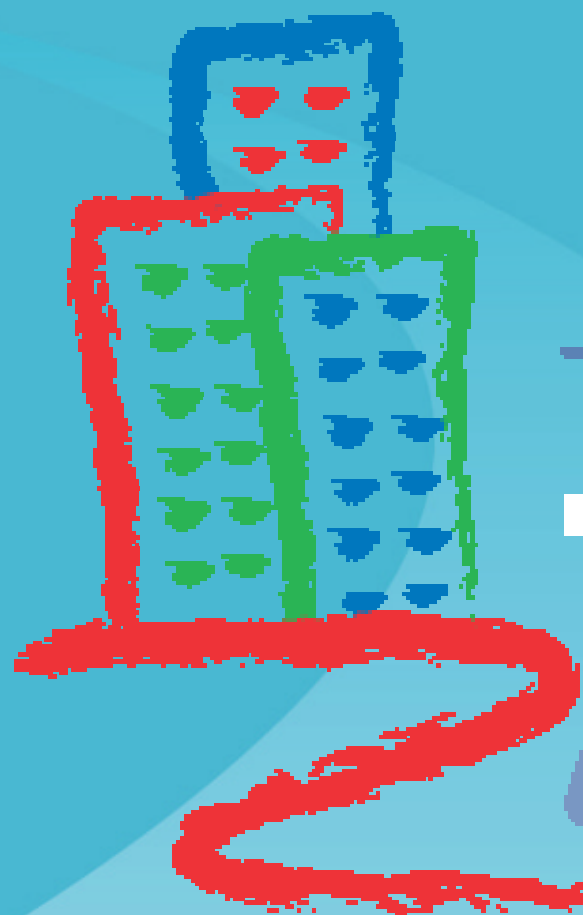
Our Mission

“The mission of the APhA Foundation is to improve the quality of consumer health outcomes.”

www.aphafoundation.org

HealthMapRx

Using Benefit Design and Collaborative Practices to improve the health, while lowering costs, for patients with diabetes



The Diabetes **TEN CITY** *CHALLENGE*

APhA Foundation Patient Care Programs Across the Country

Sites 2007: 18
Employers: 80
Patients >2,000



HealthMapRx Programs

Active:

- **Diabetes**
- **Cardiovascular Health**

Pending:

- **Asthma**
- **Depression**

Conclusions

- Pharmacists have had the opportunity to serve on the frontline of patient care, and have made a difference.
- Physicians with patients in the program have recognized the positive impact on care.
- Collaboration plus innovation leads to reduced healthcare costs. [Ashevillesm.wmv](#)
- Employers benefit by lowering or eliminating barriers to care.